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Atty Docket No. 085908

PTO FAX NO.: (703) 872-9306

ATTENTION: Examiner JACKSON, BLANE J.

Group Art Unit 2685

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CERTIFICATION OF FACSIMILE TRANSMISSION

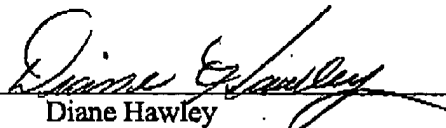
I hereby certify that the following documents in re Application of Tajinder Manku et al., Application No. 10/070,012, filed July 29, 2002 for IMPROVED METHOD AND APPARATUS FOR DOWN-CONVERSION OF RADIO FREQUENCY (RF) SIGNALS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 p);
2. Petition for Extension of Time (2 p in duplicate); and
3. Amendment (10 pp).

Number of pages being transmitted, including this page: 14

Dated: February 11, 2005


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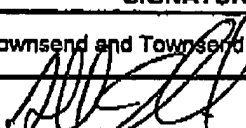
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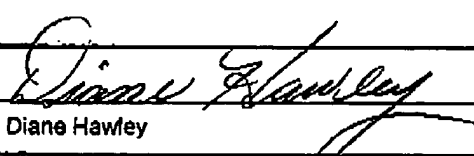
60420651 v1

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/070,012	RECEIVED CENTRAL FAX CENTER FEB 11 2005
	Filing Date	July 29, 2002	
	First Named Inventor	Manku, Tajinder	
	Art Unit	2685	
	Examiner Name	JACKSON, BLANE J.	
Total Number of Pages in This Submission	13	Attorney Docket Number	085908

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Ardeshtir Tabibi		
Date	February 11, 2005	Reg. No.	48,750

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